PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10723153

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TO	OTAL CLAIMS				(COIG	, ,		RATE	FEE	1 1			
			55						 		RATE	FEE	
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			55 minus 20=		* 38			X\$ 9=		OR	X\$18=	830	
INE	DEPENDENT CI	LAIMS	5 minus 3 =		್ತಿ ಪ್ರಿ		ı	X43=		OR	X86=	770	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	1	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1572	
CLAIMS AS AMENDED - PART II									•	4	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	Ī	X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL		OR	TOTAL		
		P	DDIT. FEE			ADDIT. FEE							
Г		(Column 1) CLAIMS		(Colun	EST	(Column 3)	Г		ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT	H	NUME PREVIC PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
MOZ	Total	*	Minus	**	_	= 4	ŀ	X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	ı	X43=		OR	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI						┞			On			
								+145=		OR	+290=		
			Α	TÖTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE						
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	addi- Tional Fee.		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	** .		=	ı	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	*** .		= .	İ	X43=		OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=		
**	f the "Highest Nur	mber Previously Pa	id For" IN THIS	S SPACE is	less than	20, enter "20."	Al	TOTAL DDIT. FEE	'	OR ,	TOTAL ADDIT. FEE		
		mber Previously Pa ber Previously Paid					four	id in the app	ropriate box	in col	umn 1.		